# For KCC Use: 9-29-2010 Effective Date: 9-29-2010 District # 3 SGA? Yes X No

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form C-1
March 2010
Form must be Typed
Form must be Signed
All blanks must be Filled

## NOTICE OF INTENT TO DRILL Must be approved by KCC five (5) days prior to commencing a

Form KSONA-1, Certification of Compliance with the Kansas S	irrace Owner Notification Act, MUST be submitted with this form.
Expected Spud Date: 9/29/2010	Spot Description:
month day year	All Albert Sir
ODERATOR 1 9313 /	(DODO)
OPERATOR: License#	eet from N S Line or Section
Address 1: 543A 22000 Road	reet fromE / W Line of Section
Address 2:	Is SECTION: Regular Irregular?
City: Cherryvale State: KS Zip: 67335- + 8515	(Note: Locate well on the Section Plat on reverse side)
Contact Person: James D. Lorenz	County: Crawford
Phone: 620-423-9360	Lease Name: Buzard Well #: 5
5004	Field Name: McCune
CONTRACTOR: License#5831	Is this a Prorated / Spaced Field?
Name: Mokat Drilling, Inc.	Target Formation(s): Bartlesville
Well Drilled For: Well Class: Type Equipment:	Nearest Lease or unit boundary line (in footage): 165;
	Ground Surface Elevation: 906 Estimatedfeet MSL
XOil Enh Rec Xinfield Mud Rotary  Gas Storage Pool Ext. Xir Rotary	Water well within one-quarter mile:
Disposal Mildcat Cable	Public water supply well within one mile:
Seismic ;# of Holes Other	Depth to bottom of fresh water: 50'
Other:	Depth to bottom of usable water: 100
	Surface Pine by Alternate: TI VIII
If OWWO: old well information as follows:	Length of Surface Pipe Planned to be set: 20'
Operator:	Length of Conductor Pipe (if any): n/a
Well Name:	Projected Total Depth: 350'
Original Completion Date: Original Total Depth:	Formation at Total Depth: Bartlesville
	Water Source for Drilling Operations:
Directional, Deviated or Horizontal wellbor RECEIVED  Yes No	Well X Farm Pond Other:
If Yes, true vertical depth:	DWR Permit #:
Bottom Hole Location: SEP 2 3 2010	(Note: Apply for Permit with DWR
KCC DKT #. JLT Z J ZUIU	Will Cores be taken?
1/00 tage.	If Yes, proposed zone:
KCC WICHITA	
The undersigned hereby affirms that the drilling, completion and eventual plugg	DAVIT
It is agreed that the following minimum requirements will be met:	Jing of this well will comply with K.S.A. 55 et. seq.
Notify the appropriate district office <i>prior</i> to spudding of well;	
<ol> <li>A copy of the approved notice of intent to drill shall be posted on each d</li> <li>The minimum amount of surface pipe as specified below shall be set by</li> </ol>	
through all unconsolidated materials plus a minimum of 20 feet into the t	
4. If the well is dry hole, an agreement between the operator and the district	t office on plug length and placement is necessary prior to plugging;
<ol><li>The appropriate district office will be notified before well is either plugged</li></ol>	for production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented to	
Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133	i,891-C, which applies to the KCC District 3 area, alternate II cementing
	ugged In all copes NOTIEV district office prior to any competing
ميسير	lugged. In all cases, NOTIFY district office prior to any cementing.
I hereby certify that the statements made herein are true and to the best of my	
I hereby certify that the statements made herein are true and to the best of my	knowledge and belief
I hereby certify that the statements made herein are true and to the best of my  Date: 9/21/10 Signature of Operator or Agent:   Signature of Operator or Oper	knowledge and belief.  Title: Agent
I hereby certify that the statements made herein are true and to the best of my  Date: 9/21/10 Signature of Operator or Agent:	knowledge and belief
I hereby certify that the statements made herein are true and to the best of my  Date: 9/21/10 Signature of Operator or Agent:   For KCC Use ONLY	knowledge and belief.  Title: Agent  Remember to:  File Certification of Compliance with the Kansas Surface Owner Notification
I hereby certify that the statements made herein are true and to the best of my  Date: 9/21/10 Signature of Operator or Agent:  For KCC Use ONLY  API # 15 - D37 - 22124-00-00	Knowledge and belief.  Title: Agent  Remember to:  File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;
I hereby certify that the statements made herein are true and to the best of my  Date: 9/21/10 Signature of Operator or Agent:  For KCC Use ONLY  API # 15 - 037 - 22124-00-00  Conductor pipe required None feet	Knowledge and belief.  Title: Agent  Remember to:  File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;  File Drill Pit Application (form CDP-1) with Intent to Drill;
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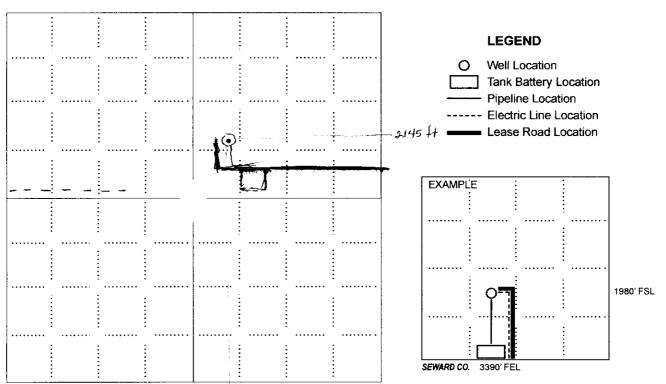
For KCC Use ONLY
API # 15 - 037 - 22124-000

#### IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

Operator: James D. Lorenz	Location of Well: County: Crawford	
Lease: Buzard	3,795 feet from N / N S Line of Section	
Well Number: 5	2,145 feet from E / W Line of Section	
Field: McCune	Sec. <u>18</u> Twp. <u>30</u> S. R. <u>22</u> E W	
Number of Acres attributable to well:  QTR/QTR/QTR/QTR of acreage:  NE NW NW SW  SEP 2 3 2010	Is Section: Regular or Irregular  If Section is Irregular, locate well from nearest corner boundary.  Section corner used: NE NW SE SW	
KCC WICHITA PL	AT	

Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032). You may attach a separate plat if desired.



NOTE: In all cases locate the spot of the proposed drilling locaton.

#### 3195' FT

#### In plotting the proposed location of the well, you must show:

- 1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
- 2. The distance of the proposed drilling location from the south / north and east / west outside section lines.
- 3. The distance to the nearest lease or unit boundary line (in footage).
- 4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (C0-7 for oil wells; CG-8 for gas wells).
- 5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

RECEIVED SEP 2 3 2010 May 2010 Form must be Typed

# KCC WICHITA

### **APPLICATION FOR SURFACE PIT**

Submit in Duplicate

Operator Name: James D. Lorenz			License Number: 9313	
Operator Address: 543A 22000 Rd	ad		Cherryvale KS 67335-	
Contact Person: James D. Lorenz			Phone Number: 620-423-9360	
Lease Name & Well No.: Buzard	5		Pit Location (QQQQ):	
Type of Pit:  Emergency Pit  Burn Pit  Settling Pit  Workover Pit  Haul-Off Pit	Pit is:    X   Proposed	Existing	NE	
(If WP Supply API No. or Year Drilled)	Pit capacity: 300	(bbls)		
Is the pit located in a Sensitive Ground Water	Area? Yes X	No	Chloride concentration: mg/l (For Emergency Pits and Settling Pits only)	
Is the bottom below ground level?  XYes No	Artificial Liner?	lo	How is the pit lined if a plastic liner is not used? native clay	
Pit dimensions (all but working pits):  Depth from ground level to deepest point:  Depth from ground level to deepest point:  Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring.				
Distance to nearest water well within one-mile	of pit:	Depth to shallo Source of infor	west fresh water feet.	
n/a feet Depth of water well	feet	measured	well owner electric log KDWR	
Producing Formation: Type  Number of producing wells on lease: Num		Type of materia	over and Haul-Off Pits ONLY:  al utilized in drilling/workover:  tking pits to be utilized:  Air day and according to the conditions of th	
Does the slope from the tank battery allow all spilled fluids to flow into the pit? Yes No Drill pits must		Drill pits must t	pe closed within 365 days of spud date.	
I hereby certify that the above statements are true and correct to the best of my knowledge and belief.				
9/21/10  Date  9/21/10  Signature of Applicant or Agent				
KCC OFFICE USE ONLY  Liner Steel Pit RFAC RFAS				
Date Received: 9-33-10 Permit Number: Permit Date: ターマリール Lease Inspection: 又Yes No				



Mark Parkinson, Governor Thomas E. Wright, Chairman Joseph F. Harkins, Commissioner Ward Loyd, Commissioner

September 24, 2010

James D. Lorenz 543 A 22000 Road Cherryvale, KS 67335-8515

RE: Drilling Pit Application

Buzard Lease Well No. 5 NE/4 Sec. 18-30S-22E Crawford County, Kansas

#### Dear Sir or Madam:

District staff has inspected the above referenced location and has determined that the reserve pit shall be constructed <u>without slots</u>, the bottom shall be flat and reasonably level, and the free fluids must be removed. The fluids are to be removed from the reserve pit as soon as practical after drilling operations have ceased.

If production casing is set all completion fluids shall be removed from the working pits daily. NO completion fluids or non-exempt wastes shall be placed in the reserve pit.

The fluids should be taken to an authorized disposal well. Please call the District Office at (620) 432-2300 when the fluids have been removed. Please file form CDP-5 (August 2004), Exploration and Production Waste Transfer, within 30 days of fluid removal. Conservation division forms are available through our office and on the KCC web site: www.kcc.state.ks.us/conservation/forms.

A copy of this letter should be posted in the doghouse along with the approved Intent to

If you have any questions or concerns please feel free to contact the undersigned at the above address.

Sincerely,

Kathy Haynes

Kallythyn

**Environmental Protection and Remediation Department** 

cc: File

# 15-037-22/24-00-00

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

### **CERTIFICATION OF COMPLIANCE WITH THE** KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (C	athodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 9313	Well Location:  NE MASSINE 18 30 22 55 51		
Name: James D. Lorenz	NE NW SW NE Sec. 18 Twp. 30 S. R. 22 X Eas West		
Address 1: 543A 22000 Road	County: Crawford		
Name: James D. Lorenz  Address 1: 543A 22000 Road  Address 2:	Lease Name: Buzard Well #: 5		
City: Cherryvale State: KS Zip: 67335- + 8515	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: James D. Lorenz	the lease below:		
Phone: ( 620 ) 423-9360 Fax: ()	LU		
Address 2:  City: Cherryvale	2010		
KCC WIC	HITA		
Surface Owner Information:			
Name: James Buzard	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 668 W. Highway 216	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: McCune State: KS Zip: 66753 +			
are preliminary non-binding estimates. The locations may be entered or	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
Select one of the following:			
I certify that, pursuant to the Kansas Surface Owner Notice Ar owner(s) of the land upon which the subject well is or will be lo CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, an	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form leing filed is a Form C-1 or Form CB-1, the plat(s) required by this		
	cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee is not received with this form, the KSONA-1 I will be returned.		
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
Date: 9/21/10 Signature of Operator or Agent:	J. Sour Title: Agent		